

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 A
Secretary of State

DOCUMENT # P01000116883

1. Entity Name

MERCO GROUP AT AVENTURA LANDINGS I, INC.



Principal Place of Business

6701 COLLINS AVENUE
ST. JULIEN ROOM
MIAMI BEACH, FL 33141

Mailing Address

5101 COLLINS AVENUE
MANAGEMENT OFFICE
MIAMI BEACH, FL 33140



01262007

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

26-0001395

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZARETSKY, LOUIS D.
555 N.E. 15TH STREET
SUITE 100
MIAMI, FL 33132

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MERUELO, HOMERO JR.
STREET ADDRESS	6701 COLLINS AVENUE, ST. JULIEN ROOM
CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	VD
NAME	MERUELO, RICHARD
STREET ADDRESS	5101 COLLINS AVENUE, MANAGEMENT OFFICE
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	S
NAME	CASTRO, ANTONIO J
STREET ADDRESS	6701 COLLINS AVENUE, ST. JULIEN ROOM
CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U000000739470

05/14/07-80028-018 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/07

(305) 854-6680

Date

Daytime Phone #